

**CONFERENCE COMMITTEE REPORT
DIGEST FOR ESB 210**

Citations Affected: IC 27-8-5-26; IC 27-13-7-14.

Synopsis: Post mastectomy insurance coverage. Conference committee report for ESB 210. Requires an accident and sickness insurer and a health maintenance organization to provide: (1) post mastectomy coverage as required under federal law; and (2) notice of post mastectomy coverage. Removes a provision limiting post mastectomy coverage when there is no evidence of malignancy. Specifies that the required post mastectomy coverage under Indiana law does not exceed the coverage required under federal law. **(This conference committee report: Requires an accident and sickness insurer and a health maintenance organization to provide post mastectomy coverage as required under federal law. Removes a provision limiting post mastectomy coverage when there is no evidence of malignancy.)**

Effective: July 1, 2003.

CONFERENCE COMMITTEE REPORT

MR. PRESIDENT:

Your Conference Committee appointed to confer with a like committee from the House upon Engrossed House Amendments to Engrossed Senate Bill No. 210 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

- 1 Delete everything after the enacting clause and insert the following:
- 2 SECTION 1. IC 27-8-5-26, AS AMENDED BY P.L.96-2002,
- 3 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 4 JULY 1, 2003]: Sec. 26. ~~(a) This section applies to a policy of accident~~
- 5 ~~and sickness insurance issued after June 30, 1997.~~
- 6 ~~(b) This section applies to a mastectomy performed after June 30,~~
- 7 ~~1997.~~
- 8 ~~(c)~~ (a) As used in this section, "mastectomy" means the removal of
- 9 all or part of the breast for reasons that are determined by a licensed
- 10 physician to be medically necessary.
- 11 ~~(d)~~ (b) A policy of accident and sickness insurance that provides
- 12 coverage for a mastectomy may not be issued, amended, delivered, or
- 13 renewed in Indiana unless the policy provides coverage **as required**
- 14 **under 29 U.S.C. 1185b, including coverage** for:
- 15 (1) prosthetic devices; and
- 16 (2) reconstructive surgery incident to a mastectomy including:
- 17 (A) all stages of reconstruction of the breast on which the
- 18 mastectomy has been performed; and
- 19 (B) surgery and reconstruction of the other breast to produce
- 20 symmetry;
- 21 in the manner determined by the attending physician and the
- 22 patient to be appropriate.

~~(e)~~ **(c)** Coverage for prosthetic devices or reconstructive surgery required under this section is subject to:

- (1) the deductible and coinsurance provisions applicable to a mastectomy; and
- (2) all other terms and conditions applicable to other benefits.

~~(f)~~ Notwithstanding the provisions of this section, if a mastectomy is performed and there is no evidence of malignancy, coverage required under this section may be limited to the provision of prosthetic devices and reconstructive surgery for two (2) years following the surgery.

(d) An insurer that issues a policy of accident and sickness insurance shall provide to an insured, at the time the policy is issued and annually thereafter, written notice of the coverage required under this section. Notice that is sent by the insurer that meets the requirements set forth in 29 U.S.C. 1185b constitutes compliance with this subsection.

~~(g)~~ **(e)** The coverage required under this section applies to a policy of accident and sickness insurance that provides coverage for a mastectomy, regardless of whether an individual who:

- (1) underwent a mastectomy; and
- (2) is covered under the policy;

was covered under the policy at the time of the mastectomy.

(f) This section does not require an insurer to provide coverage related to post mastectomy care that exceeds the coverage required for post mastectomy care under federal law.

SECTION 2. IC 27-13-7-14, AS AMENDED BY P.L.96-2002, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 14. ~~(a) This section applies to a contract with A health maintenance organization (as defined in IC 27-13-1-19) issued after June 30, 1997.~~

~~(b) This section applies to a mastectomy performed after June 30, 1997.~~

~~(c)~~ **(a)** As used in this section, "mastectomy" means the removal of all or part of the breast for reasons that are determined by a licensed physician to be medically necessary.

~~(d)~~ **(b)** A contract with a health maintenance organization that provides coverage for a mastectomy must provide coverage **as required under 29 U.S.C. 1185b, including coverage** for:

- (1) prosthetic devices; and
 - (2) reconstructive surgery incident to a mastectomy including:
 - (A) all stages of reconstruction of the breast on which the mastectomy has been performed; and
 - (B) surgery and reconstruction of the other breast to produce symmetry;
- in the manner determined by the attending physician and the patient to be appropriate.

~~(e)~~ **(c)** Coverage for prosthetic devices and reconstructive surgery required under this section is subject to:

- (1) the deductible and coinsurance provisions applicable to a mastectomy; and
- (2) all other terms and conditions applicable to other services under the contract.

(f) Notwithstanding the provisions of this section, if a mastectomy is performed and there is no evidence of malignancy, coverage required under this section may be limited to the provision of prosthetic devices and reconstructive surgery for two (2) years following the surgery.

(d) A health maintenance organization shall provide to an enrollee, at the time that an individual contract or a group contract is entered into and annually thereafter, written notice of the coverage required under this section. Notice that is sent by the health maintenance organization that meets the requirements set forth in 29 U.S.C. 1185b constitutes compliance with this subsection.

~~(g)~~ (e) The coverage required under this section applies to a contract with a health maintenance organization that provides coverage for a mastectomy, regardless of whether an individual who:

(1) underwent a mastectomy; and

(2) is covered under the contract;

was covered under the contract at the time of the mastectomy.

(f) This section does not require a health maintenance organization to provide coverage related to post mastectomy care that exceeds the coverage required for post mastectomy care under federal law.

SECTION 3. [EFFECTIVE JULY 1, 2003] (a) IC 27-8-5-26, as amended by this act, applies to a policy of accident and sickness insurance that is issued, delivered, amended, or renewed after June 30, 2003.

(b) IC 27-13-7-14, as amended by this act, applies to an individual contract or a group contract that is entered into, delivered, amended, or renewed after June 30, 2003.

(Reference is to ESB 210 as printed April 8, 2003.)

Conference Committee Report
on
Engrossed Senate Bill 210

Signed by:

Senator Gard
Chairperson

Representative Summers

Senator Dembowski

Representative Becker

Senate Conferees

House Conferees